## **Arizona Department of Water Resources** Groundwater Management Support Section P.O. Box 458 • Phoenix, Arizona 85001-0458 (602) 417-2470 • (800) 352-8488

www.water.az.gov

## **Request to Change Well Information**

	<b>D</b> · · · · · ·				
*	Review instructions	prior to	completing form	in black	or blue ink.

You must include with your Notice:

> check or money order for any required fee(s)

FILE NUMBER
WELL REGISTRATION NUMBER
EE

Authority for fee: A.A.		51(B)(4)(a), A.R.S. §	45-113(B)			55 -			
** PLEASE PRINT CLEARLY									
SECTION 1. REGISTRY									
Well Owner			Location						
FULL NAME OF COMPANY, ORGAN	NIZATION, OR IND	DIVIDUAL	MELL LOCA	TION ADDRES	S (IF ANY)				
MAILING ADDRESS			TOWNSHIP (N/S)	RANGE (E/W	)   SECTION	160 ACRE	40 ACRE	10 ACRE	
			` '		´	1/4	1/4	1/4	
CITY / STATE / ZIP CODE			LATITUDE			LONGITUDE		/4	
			0		"N	۰		"w	
			Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
CONTACT PERSON NAME AND TITLE			COUNTY ASSESSOR'S PARCEL ID NUMB			IBER			
FELEPHONE NUMBER FAX			воок		MAP		PARCEL		
TEEL HORE HOMBER	ELEPHONE NUMBER FAX			COUNTY WHERE WELL IS LOCATED					
			1						
Turn of Boursel community									
Type of Request (CHECK O ☐ Change of Well Drilling		☐ Change of Wel	Ownorchin		Chan	ge of Well	Informatio	vn.	
(Fill out Section 2)	Contractor	(Fill out Section		)		use, etc.)			
(i iii dat dection 2)		(1 III Out Section	1 3)		(location,	use, etc.)	(1 III Oat 3	ecuon <del>4</del> )	
SECTION 2. REQUEST T	O CHANGE	WELL DRILLING CO	ONTRACTO	<b>)R</b> (\$10 Fe	e Require	d)	_		
If drilling or abandoning a drilling firm prior to the control of the contro				nd issue aut	horization t	to the new	\$	310 FEE	
Current Well Drilling Cor		<u> </u>	New Well Drilling Contractor						
FULL NAME OF COMPANY, ORGAN		DIVIDUAL	FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL						
DWR LICENSE NUMBER			DWR LICENS	DWR LICENSE NUMBER RO			ROC LICENSE CATEGORY		
TELEPHONE NUMBER	FAX		TELEPHONE NUMBER			FAX	FAX		
SECTION 3. STATEMEN	T OF CHANG	GE OF WELL OWNE	RSHIP (\$10	) Fee Reau	ired)		Г.		
♦ If this change pertains to				•	•	uired.		10 FEE	
Previous Well Owner			New Wel			I			
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL			FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL						
MAILING ADDRESS			MAILING ADDRESS						
			OUT / OTATE / 7ID OODE						
CITY / STATE / ZIP CODE			CITY / STATE / ZIP CODE						
CONTACT PERSON NAME AND TITLE			CONTACT PERSON NAME AND TITLE						
TELEPHONE NUMBER	FAX		TELEPHONE	NUMBER		FAX			
SECTION 4. CHANGE OF	F WELL INFO	ORMATION (No Fee	Required)				ı	NO FEE	
NOTE: Applies only to wells to	hat have alrea	dy been drilled. For pro	posed wells,	an amende	d Notice of	Intent to Dr	rill a Well m	ust be filed.	
EXPLAIN									
	-								
I HEREBY CERTIFY that the		nents are true to the bes							
TYPE OR PRINT NAME AND TITLE			SIGNATURE	OF WELL OW	NER	ER DATE		DATE	